PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-003 2

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Office of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		PATEN	T APPLIC	ATION FE	E DETERMIN	respond to a c	ollection of i	nformation un	less it disp	DEPARTMEN Nays a valid On	T OF COMMERC  4B control numbe	
		Substitute for Form PTO-875								Application or Docket Number 9 - 44689		
	CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									ОТН	IER THAN	
	BASIC FEE	OR	NUMBER	FILED	NUMBER EXTR		SMALL ENTIT		OR SMA		LL ENTITY	
	(37 CFR 1.16	5(a))			- TOMOCIVE ATR	<del>^</del>    -	RATE	FEE	-	RATE	FEE	
	(37 CFR 1.16	(37 CFR 1.16(c)) INDEPENDENT CLAIMS		ninus 20 =				\$	0R	ļ	1	
	(37 CFR 1.16	(37 CFR 1.16(b))		inus 3 =			X \$=		0R	X \$=		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				1.16(d))	→   <u>*</u>			OR	x s =		
	If the difference in column 1 is less than zero, enter '0' in column 2					ــا لــٰ	<del></del>		OR	+ 5 =		
	1	CLAIMS AS AMENDED - PART				1	OTAL		OR	TOTAL		
	4-1-05											
	$\mathcal{U}$	CU	IMS I IIIG		umn 2) (Column IEST	3)	SMALL EN	TITY	OR	OTHER SMALL I	THAN	
	IN /1/05- AF		LINING . TER DMENT	NUM PREVIO	BER PRESEN		ATE	ADDI-	Γ	RATE		
	Total (37 CFR 1.16	1		us " 20	FOR =			TIONAL FEE			ADDI: TIONAL FEE	
	Total (37 CFR 1.16)  My  Figure 2005	(6)) 2	Minc	15	2 -		5=		OR X	. <u>50</u> =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))					× s/0			OR X	·200=		
	(J. S. F. Filler)					+ s/E				s <u>360</u> =		
	(Column 1) (Column 2) (Column 3)					ADD'L				DTAL DD'L FEE		
	<u> -</u>	CLAIM REMAINI	ING	HIGHES	ST	7		<del></del> 1	<u></u>			
	Z Ш ∑ Total	AFTEF AMENDMI	ENT	PREVIOU: PAID FO	SLY EXTRA	RAT	TIC	DDI- DINAL		RATE	ADDI-	
	(37 CFR 1.16(c)) Z Independent	<del> </del>	Minus		=	x s Z 5		EE	-		FEE .	
	(37 CFR 1.16(b))		Minus		=	× \$ 100		OI		<u>50</u> =		
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ 180		OF	- 1	200=		
l						TOTAL ADD'L FE	<del></del>	OR OR	TOT			
		(Column 1)	<del></del>	(Column 2	(Column 3)		<b>L</b>	OR	ADD	'L FEE		
LN		REMAINING AFTER		HIGHEST NUMBER PREVIOUSL	PRESENT Y EXTRA	RATE	ADD					
)ME	Total (37 CFR 1.16(c))	AMENDMEN	Minus	PAID FOR	EXTRA	L	TION, FEE	AL	RA	TIC	DDI- ONAL	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus		+=	x ; 25		OR	x s 5	1	EE	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x s 100=		OR	x s Z			
1:170= OR												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  To Tal.  OR												
	II IDP "Flighani N.			TING SPALE	is less than 20, enter is less than 3, enter lent) is the highest n	er "20".		_		- L		
s co	lection of informa	lion is required	t alu For (Tota	i or independ	lent) is the highest n	umber found in	the prese				1	

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.